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ABSTRACT

Three contexts that make up girls' sexual health are explored: (1) Individual aspects are investigated using the Sexual Self-Concept Scale; (2) Relational aspects are evaluated using two sets of items created for this study; (3) The sociocultural context of sexual health is described. Working within an ecological model, this research is anchored in a feminist social constructionist analysis. Sexual health is defined as the ability to know and accept one's own feelings and to make responsible and safe choices. In discussing sexual health and risk of unintended pregnancy, the focus is on attitudinal rather than behavioral factors of risk and health because only a small portion of this sample had engaged in sexual intercourse at the time of the survey. However, the level of sexual activity is described for the sample, and the relationship of those activities to femininity ideology (controlling for access to information and support around sexuality in their sociocultural context) is examined. Demographics of the sample (N=146) are provided, measures are described, results are discussed, and conclusions are presented. (Contains 1 figure, 4 tables, and 17 references.) (Author/EMK)

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Femininity Ideology as a Factor in Sexual Health Outcomes of Early Adolescent Girls

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Introduction

Much of the abundant research on adolescent girls' sexuality is anchored in concerns about teenage pregnancy (i.e., Nathanson, 1991; Tolman & Church, in press). Focusing only on negative aspects of risk which are associated with girls' developing sexuality, this perspective contributes to a cultural silence on the positive, resilient aspects of sexuality for female adolescents (Tolman & Church, in press). Research on adolescent girls' sexual behavior focuses typically on older adolescents, despite evidence that younger adolescent girls are likely to engage in risky sexual practices (Dryfoos, 1990; Hayes, 1987; Zabin & Howard, 1993). In this poster, we report findings from a new developmental study of female adolescent sexuality which goes beyond concerns about pregnancy with a comprehensive construct of sexual health that begins with this younger population.

The finding that girls lose their ability to know, speak about and act on their own observations and feelings as they enter adolescence (i.e., Brown & Gilligan, 1992), and evidence of cultural differentials in this developmental trajectory (Taylor, Gilligan & Sullivan, 1995), raises important questions about girls' relationships with their emerging sexual selves. Studies suggest that girls come under pressure to conform to conventional notions of femininity that can be psychologically debilitating, and that adolescence is a crossroads for girls as they begin to develop mature female bodies and come into their own as sexual people (Tolman & Higgins, 1996). Thus investigating how young adolescent girls' ideologies about femininity develop in conjunction with the emergence of their sexuality is an important avenue for research. In this study, we unite recent research on girls' development with an inquiry about their developing sexuality.

Findings of older girls' beliefs about gender roles being associated with increased risk of pregnancy (Allgeier, 1981, 1983; Jones, Chernovitz & Hanson, 1978; Leary & Snell, 1988; Whitley, 1988) have relied on instruments developed originally for adult women (i.e., Attitude Towards Women Scale for Adolescents; Galambos et al., 1985) to measure femininity and feminine gender roles based on trait or role theory about gender. For our study, we developed the Femininity Ideology Scale (FIS), which is anchored in a psychodynamic understanding of gender development and moves beyond social roles by measuring the extent to which girls have internalized specific domains of the dominant culture's conventional ideology about femininity (Tolman & Porche, 1996, 1997). Preliminary analyses of this scale support our construction of two dimensions of femininity ideology: self in relationship and relationship with one's body.

In this study, assessments of risk of unintended pregnancy and of girl's sexual health incorporate standard behavioral and attitudinal variables, as well as psychological variables so often ignored in assessments of sexuality. We use correlation analyses in this preliminary to evaluate two hypothesized sets of relationships:

1) There are relationships between girls' beliefs about femininity and their sexual health.
2) There are relationships between girls' beliefs about femininity and their risk of unintended pregnancy.

These data represent the first panel in a longitudinal study of female adolescent sexual health and risk of unintended pregnancy. This study is meant to contribute to the growing literature on sexuality development by beginning with girls in the eighth grade and following them through their high school years. This research also has a parallel component on boys' sexual health and the development of their sexuality in adolescence. Comparisons across gender, class, ethnicity and other relevant behavioral and demographic variables will be conducted. Inferential statistical analyses will also be conducted. Finally, we will also be collecting qualitative data.

Sexual Health

We define sexual health broadly as the ability to know and accept one's own feelings, both emotional and physical, and to make responsible and safe choices about relationships and sexual behaviors anchored in one's own wishes and desires. We are working with an ecological model (Bronfenbrenner, 1979) of girls' sexual health, which is comprised of three nested contexts in which girls' sexuality is constructed: individual, relational/social, sociocultural/sociopolitical (see Figure 1). We anchor this model in a feminist social constructionist analysis of female sexuality (i.e., Rich, 1983, Vance, 1984), which acknowledges that women's and especially adolescent girls', sexual desires and sexual agency are not supported in mainstream (patriarchal) society (Tolman & Higgins, 1996). This model of sexual health incorporates the need to challenge and overcome negative societal "stories" which regulate and limit the three dimensions of girls' sexual well being we have articulated.

In this paper, we explore three contexts which make up girls' sexual health. First, we will investigate individual aspects using the Sexual Self Concept Scale (Winter, 1988). Next, we will evaluate the relational aspects using two sets of items created for this study, the Romantic Conventions Inventory and the Perceived Agency in Sexuality Index. In addition, we will describe some of the variables we've used to measure the sociocultural context of sexual health. In discussing sexual health and risk of unintended pregnancy, we have chosen to focus more on attitudinal rather than behavioral factors of risk and health with this sample, because only a small proportion of this sample (7 percent) has ever engaged in sexual intercourse at the time of the survey, the fall of their eighth grade year. However, we will describe the level of sexual activity for the sample and explore the relationship of those activities to femininity ideology controlling for access to information and support around sexuality in their sociocultural context.

Figure 1

Ecological Model of Female Adolescent Sexual Health

SOCIOCULTURAL/SOCIOPOLITICAL
•access to social support in making choices about sexuality and romantic/sexual relationships
•access to freedom to use reproductive health care
RELATIONAL/SOCIAL
•entitlement and ability to make active choices in consensual sexual and romantic contexts
•communicate with others about sexuality
•express love, affection, intimacy in ways consistent with own values
INDIVIDUAL
•distinguish sexual feelings and sexual behavior
•acceptance/comfort with own sexuality
•awareness of own values about sexuality and relationships
•entitlement to pleasure and sexual experiences without guilt
•positive attitudes and sense of responsibility about protection from unwanted pregnancy and disease
•knowledge about sexual activity and reproductive health; sexual identity
•avoidance of abusive partners
•prevent unwanted conception and STDs
•access to violence-free home and relationships
•access to images of girls' sexuality as normal and acceptable
•sense of entitlement and ability to care for self in consensual sexual and relational contexts
•identify limits of a girl's control and responsibility in situations that involve sexual violence
•critical perspective of romantic conventions regulating heterosexual relationships
•access to information and materials to sustain sexual health (condoms, contraceptives, knowledge)

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Sample and Methods

Sample and Administration. Survey data were collected from 146 girls, approximately 92% of all girls in the 8th grade class of a culturally diverse urban school district (average age 13.3 years old). The survey, developed in collaboration with the school community, is designed to measure new dimensions of girls' lives not covered in prior survey studies but suggested by theory and qualitative inquiries (i.e., Debold, Wilson & Malave, 1993; Tolman, 1996). Written informed consent from parents and assent from the girls were obtained for participation in this longitudinal study. Students completed pen-and-paper survey instruments in a classroom setting; a Spanish version of the survey was provided for bilingual students. Discussion groups were held immediately after survey administration.

Demographics

- Race/ethnicity: 53% White, 20% Latina, 4% African-American, 3% Asian, 17% bi-racial or multi-racial, and 3% other.
- 20% of the girls are immigrants to the U.S., mostly from the Dominican Republic and Puerto Rico. The number of years they have been in the U.S. ranged from 6 months to 13 years, with a mean of 6 years.
- 36% report that mother's education level is college graduate or beyond. 91% of girls indicate their own educational aspirations of college or beyond.
- 52% report that their families have ever received public assistance, including participation in a free lunch program. 29% report that their families are currently receiving assistance.
- 60% report that their family regularly practices religion, the majority identify as Catholic. 52% of the girls report that they themselves practice religion. 45% of the girls report that religion is "important" or "very important" to them.

Measures. Girls provided self-reports on beliefs, attitudes and behaviors (see Table 1).

Girls' Beliefs about Femininity

- Femininity Ideology Scale - Self in Relationship Subscale: Ten items measuring authenticity in relationships on a six point scale. Mean scores were calculated across the 10 items. High scores indicate a more conventional femininity ideology. Internal consistency for this subscale is .70.

- Femininity Ideology Scale - Relationship to Body Subscale: Six items measuring internalization of the dominant culture's norms regulating the appearance of girls' bodies and how girls should relate to their bodies on a six-point scale. Mean scores were calculated across the six items. High scores indicate a more conventional femininity ideology. Internal consistency for this subscale is .69.

- Attitudes Towards Women for Adolescents (ATWA) (Galambos et al., 1985): A twelve-item scale measuring feminine gender roles based on role theory about gender. Mean scores were computed for the four-point scale across the 12 items. High scores indicate less conventional attitudes towards women's roles. Internal consistency for this sample is .75.

Sexual Health Outcomes

- Sexual Self Concept Scale (SSC): Adapted for early adolescents from Winter (1988). Six items measuring an adolescent□s acceptance of emerging sexuality on a four-point scale. Mean scores were calculated across the six items. High scores indicate acceptance of sexuality. Internal consistency for these items is .71.

- Critical Perspective on Romantic Conventions Inventory: Being developed for this study based on feminist theory and analysis about the role of romance in organizing heterosexuality. Seven items measuring how critical girls are of social norms which provide power and privilege in heterosexual relationships to males on a four-point scale. Mean scores were calculated across the seven items. Low scores indicate a critique of romantic conventions. Internal consistency for these items is .56. Additional work is being done to improve psychometrics for this inventory.

- Perceived Agency in Sexuality Index: Being developed for this study. Five items measuring adolescents' perceptions about their ability to act on and to speak to others about their wishes regarding sexuality on a four-point scale. Mean scores were calculated across the five items. High scores indicate belief in one's own ability to act in accordance with one's needs regarding sexuality. Although these items are moderately correlated with each other a principal components analysis suggests this may be a multidimensional construct. Further work is being done on the development of this index.

Risk of Unintended Pregnancy Outcomes

- Risk of Unintended Pregnancy - Individual Aspects: In order to evaluate individual aspects of risk, a composite variable was developed using multiple indicators representing a continuum of risk. Review of the literature suggests the following risk factors, which we categorize as individual aspects: preconscious desire to have a baby, early physical development of secondary sex characteristics, and history of physical or sexual abuse.

- Risk of Unintended Pregnancy - Relational Aspects: In order to evaluate relational aspects of risk, a composite variable was developed using multiple indicators representing a continuum of risk. Review of the literature suggests the following risk factors, which we categorize as relational aspects: dating someone who is three years older, peer pressure to have a boyfriend or be sexually experienced, using drugs and/or alcohol in a situation involving sexuality.

Sociocultural Context for Sexual Health

Our exploration of the sociocultural context of sexual health thus far includes variables that measure the degree to which girls have access to information and support about sexuality.

- Access to general information about sex education: A sum score of up to eight resources of information about sex, including parents and other adults, school personnel, health professionals, and print literature (average=3.1, s.d.=1.8).
- Access to contraceptives: A sum score of up to 7 resources for contraceptives, including parents and other adults, school personnel, health professionals, and peers (average=2.1, s.d.=1.2).
- Access to help if pregnant: A sum score of up to 9 resources for help if a girl finds she is pregnant. Sources of help include parents and other adults, school personnel, health professionals, and clergy (average=4.4, s.d.=2.1).
- Access to help if questioning sexuality: A sum score of up to 8 sources of support for a girl who is attracted to another girl and is exploring sexual identity. People she could talk to include parents and other adults, school personnel, health professionals, and peers (average=3.1, s.d.=1.9).

Sexual Experience

Girls reported whether or not they had ever engaged in different sexual experiences. The purpose was not simply to record frequencies, but instead to understand how girls felt about their experiences in order to better evaluate sexual health. One way of looking at experiential data is by comparing whether or not girls would want to repeat sexual activities in the near future, reflecting individual aspects of sexual health, e.g., comfort with sexuality, entitlement to pleasure.

- 86% reported holding hands; and of that group 93% would like to have that experience again.
- 69% reported kissing on the mouth; and of that group 97% would like to have that experience again.
- 23% reported touching someone under their clothes or without their clothes on; and of that group 71% would like to have that experience again.
- 27% reported being touched by someone under her clothes of without her clothes on; and of that group 70% would like to have that experience again.
- 7% reported having had sexual intercourse; and of that group 50% said that they "might" want to have that experience again and 20% would "definitely" want to have that experience again.

Results

Preliminary correlational analyses suggest that **there are significant relationships between eighth grade girls' beliefs about femininity** and 1) **individual and relational aspects of sexual health** (see Table 2); 2) **individual and relational aspects of risk of unintended pregnancy** (see Table 3); and 3) **sexual activity controlling for their sociocultural context** (see Table 4).

The analysis suggests that the three different aspects of girls' femininity ideology represented by these three measures (FIS: Self in Relationship, FIS: Relationship to Body, Attitudes Towards Women for Adolescents (ATWA)) correlate differentially with sexual health and risk of unintended pregnancy for these eighth graders:

- Scores on the ATWA are positively correlated to scores on the Sexual Self Concept scale ($r=.24, p<.01$) and Critical Perspective on Romantic Conventions Inventory ($r=.46, p<.001$). Girls' rejection of conventional beliefs about female gender roles are associated moderately with girls' positive sexual self concept and with their endorsement of critical perspectives on romantic conventions but not with their individual or relational risk of unintended pregnancy.

- Scores on the FIS Relationship to Body subscale are positively correlated with relational risk of unintended pregnancy ($r=.23$, $p<.01$), individual risk ($r=-.16$, $p<.07$), negatively correlated with the Critical Perspective on Romantic Relations Inventory ($r=-.23$, $p<.01$), and negatively correlated with the Perceived Agency in Sexuality Index ($r-.22$, $p<.01$). In other words, girls' internalization of conventional norms of relating to their own bodies is associated with:
  1) a moderate yet significant increase in their risk of unintended pregnancy in the relational domain;
  2) a moderate yet significant decrease in their tendency to hold a sexually healthy critical perspective on romantic conventions; and
  3) a moderate yet significant decrease in their perceived agency regarding sexuality.
  4) a weak increase in their individual risk of unintended pregnancy.

- Scores on the FIS Self in Relationship subscale are positively correlated with relational risk of unintended pregnancy ($r=.18$, $p<.05$) and negatively correlated with the Perceived Agency in Sexuality Index ($r=-.17$, $p<.05$). In other words, girls' willingness to be authentic in relationships--to reject the femininity ideology demanding that girls always act "nice and kind" (Brown & Gilligan, 1992)-- is associated with:
  1) a small yet significant decrease in their risk of unintended pregnancy in the relational domain; and
  2) a small yet significant increase in their perceived agency regarding sexuality.

- For these eighth grade data, panel 1 of the longitudinal study, the only demographic variable that was significantly correlated with any of our measures was whether or not the girl identified as Latina. Latina girls in our sample tended to have more conventional

femininity ideologies than non-Latina girls ($r=.18, p<.03$ for FIS Self in Relationship and $r=-47, p<.0001$ for ATWA). Thus, we found no correlations between socioeconomic status, immigrant status, or religiosity and girls' beliefs about femininity. We will continue to investigate demographic relationships in future panels of data collection.

For our initial review of how sociocultural aspects of sexual health play a part in girls' sexual experiences, we tested the correlation of girls' femininity ideology to their sexual experiences, partialling out the effect of access to information, resources and supports regarding sexuality (Table 4). While scores on the Self in Relationship dimension of the FIS and the Attitudes Towards Women Scale were not associated with sexual activity, scores on the Relationship to the Body dimension were positively correlated to engaging in four of the five measures of sexual activity.

- Eighth grade girls who had internalized more conventional ideas about regulating their appearance and how they should relate to their bodies were more likely to have engaged in kissing ($r=.17$, $p<.06$), touching ($r=.30$, $p<.001$), being touched ($r=.28$, $p<.01$), and having sexual intercourse ($r=.29$, $p<.001$), controlling for access to information, resources and supports regarding sexuality.

As stated previously, we do not present the sexual experiences as good or bad in themselves, but to be evaluated in terms of how the girls make meaning of them in their individual context of sexual health. A higher percentage of girls who had experienced hand holding and kissing wanted to do those activities again compared to the percentage of girls who experienced touching and intercourse, which may reflect what activities these girls deem to be age appropriate or pleasurable. Yet, overall there were moderate positive relationships between having experiences of hand-holding, kissing, touching, and being touched with girls' Sexual Self Concept (see Table 4). The association between sexual intercourse and Sexual Self Concept was weak but also positive.

Conclusions

This analysis supports the importance of articulating both the risky and the healthy aspects of female adolescent sexuality. While there is some logical overlap, avoiding risk and embracing health are not the same thing. Only the Sexual Self Concept measure shows a positive correlation to individual risk ($r=.21$, $p<.05$) and relational risk ($r=.21$, $p<.01$). Identifying how different aspects of femininity ideology relate differently to measures of risk of unintended pregnancy and indicators of sexual health, as well as reported sexual activity, underscores the multidimensional nature of both femininity ideology and female adolescent sexuality.

We argue for extending the scope of research on adolescent girls' sexuality beyond pregnancy and cognitively-oriented sexual decisionmaking by demonstrating how different domains of girls' femininity ideology can protect them or place them at increased risk for unintended pregnancy and differentially affect a positive construct of sexual health for girls. The importance of including attitudinal variables to enable the inclusion of younger adolescents in studies of adolescent sexuality development is also supported.

Table 1. Descriptive information on femininity ideology measures, sexual health measures and indices of risk (n=146).

Measure	# of items	Sample item or composite	Mean (S.D.) Range
Femininity Ideology Measures			
FIS: Self in Relationship	10	I express my opinions only if I can think of a nice way of doing it.[a]	3.33 (.68) 1.5 to 5.2
FIS: Relationship to Body	6	I think a girl has to be thin to feel beautiful.[a]	3.20 (.98) 1.17 to 5.83
Attitudes Towards Women for Adolescents (ATWA)	12	On the average, girls are as smart as boys.[b]	3.45 (.45) 1.82 to 4.0
Sexual Health Measures			
Sexual Self Concept Scale (SSC)	6	I feel it's normal for me to have sexual feelings.[c]	3.06 (.52) 1.33 to 4.0
Critical Perspective on Romantic Relationships	7	Other things are more important to me than having a romantic relationship.[c]	2.28 (.49) 1.14 to 3.57
Perceived Agency in Sexuality Index	5	I'm sure I could ask someone I was having sex with to use protection.[c]	3.19 (.49) 1.75 to 4.0
Risk of Unintended Pregnancy			
Individual Risk	5	Includes questions about preconscious desire to have a baby, early physical development, history of physical or sexual abuse.	6.91 (2.38) 3.0 to 15.0
Relational Risk	5	Includes whether boyfriend is three years older, peer pressure to date or to be sexually experienced, using drugs or alcohol in sexual situations.	.95 (1.07) 0 to 5.0

[a] 1=strongly disagree, 6=strongly agree. Higher scores reflect more conventional femininity ideology.
[b] 1=disagree a lot, 4=agree a lot. Higher scores reflect less conventional femininity ideology.
[c] 1=disagree a lot, 4=agree a lot. Higher scores reflect greater sexual health.

Table 2. Correlations between femininity ideology measures and female adolescent sexual health measures (n=146).

	Self in Relationship	Relationship to Body	ATWA	Sexual Self Concept	Perceived Agency in Sexuality	Critical Perspective on Romantic Conventions
Self in Relationship	1.0					
Relationship to Body	.26**	1.0				
ATWA	-.09	-.18*	1.0			
Sexual Self Concept	-.01	-.01	.24**	1.0		
Perceived Agency in Sexuality	-.17*	-.22**	.25	.19*	1.0	
Crit. Perspective on Romantic Conventions	.09	-.23**	-.46***	-.10	-.20*	1.0
mean	3.33	3.20	3.45	3.06	3.19	2.28
standard deviation	.68	.98	.45	.52	.49	.49

*p<.05, **p<.01, ***p<.001

Table 3. Correlations between femininity ideology measures and indices of risk of unintended pregnancy (n=146).

	Self in Relationship	Relationship to Body	ATWA	Individual Risk	Relational Risk
Self in Relationship	1.0				
Relationship to Body	.26**	1.0			
ATWA	-.09	-.18*	1.0		
Individual Risk	.07	.16˜	-.03	1.0	
Relational Risk	.18*	.23**	-.07	.39***	1.0
mean	3.33	3.20	3.45	6.91	.95
standard deviation	.68	.98	.45	2.38	1.07

˜p<.10, *p<.05, **p<.01, ***p<.001

Table 4. Correlations between sexual activity, femininity ideology measures and Sexual Self Concept, partialling out aspects of sociocultural context (n=133).

	Sexual Activity				
	Holding Hands	Kissing on the Mouth	Touching Someone	Being Touched	Sexual Intercourse
Self in Relationship	-.02	-.03	.03	.03	.02
Relationship to Body	.07	.17 `	.30***	.28**	.29***
ATWA	.01	-.06	.01	.08	.05
Sexual Self Concept	.33***	.42***	.32***	.34***	.17 `
mean	.86	.69	.23	.27	.07
standard deviation	.34	.46	.42	.45	.25

`p<.6, *p<.05, **p<.01, ***p<.001

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